## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5/2 15/3.

Date:	<u>4-23-2007</u>	Address:	2900 BLOCK OF
Case #:	<u>45-46918</u>		PAYTON RD
County:	<u>Harrison</u>		NEW MIDDLETOWN, IN
Operati	aboratory Seizure (check one) onal Lab cal/Glassware/Equipment (only) ite (only)	Seizure Location (a Residence Outbuilding Vehicle	check all that apply)  Hotel/Motel Open No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)  Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium);			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present)  port to Child Protective Services	Ephedrin	e <b>Information</b> e/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Health Dep	eartment: NEW MIDDLETOWN VFD Partment: Harrison Co	Fax: <u>N/A</u> Fax: <u>738.4</u> Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Greenwell Phone 812,246,5424			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.